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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 755174

1. Corporation Name
FRATERNAL ORDER OF EAGLES- LODGE NO. 3885, INC.

Principal Place of Business 170 W DEARBORN ST ENGLEWOOD FL 34223	Mailing Address 170 W DEARBORN ST ENGLEWOOD FL 34223
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/18/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 31-0989146
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DUNKIN, DAVID A 170 W. DEARBORN STREET ENGLEWOOD FL 34223		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL
		85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERB, JOHN K	1.2 NAME	T Richard Chambliss
STREET ADDRESS	143 CEDAR STREET	1.3 STREET ADDRESS	60 North Mango St.
CITY-ST-ZIP	ENGLEWOOD FL 34223	1.4 CITY-ST-ZIP	Englewood, Fl 34223
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERRY, LEO G	2.2 NAME	George B. Wilson
STREET ADDRESS	821 HARVARD STREET	2.3 STREET ADDRESS	5867 Venisota Rd.
CITY-ST-ZIP	ENGLEWOOD FL 34223	2.4 CITY-ST-ZIP	Venice, Fl 34293
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POSSINGER, JACK R	3.2 NAME	George A. Vogt
STREET ADDRESS	810 TEXAS STREET	3.3 STREET ADDRESS	79 Windsor Dr.
CITY-ST-ZIP	ENGLEWOOD FL 34223	3.4 CITY-ST-ZIP	Englewood, Fl 34223
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BANASZEWSKI, RAYMOND J	4.2 NAME	Wayne Hollandsworth
STREET ADDRESS	1496 BLUE HERON DRIVE	4.3 STREET ADDRESS	1800 Englewood Rd. #141
CITY-ST-ZIP	ENGLEWOOD FL 34224	4.4 CITY-ST-ZIP	Englewood, Fl 34223
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Harry E. OISEN
STREET ADDRESS		5.3 STREET ADDRESS	1000 S. McCall Rd. # 22
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Englewood, Fl 34223
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Raymond J Banaszewski* **SIGNATURE REQUIRED** *2-2-99* *941-475-2641*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)